BREAST Requisition to PET Centre

TO BE COMPLETED BY THE REFERRING PHYSICIAN

Referring Physician Name: _____

Physician Phone: (____) _____ ext. _____ Fax: (____) _____ CPSO No:_____

Patient Name: _____
SURNAME FIRST NAME MIDDLE

OHIP Number: _____

Telephone: (____) _____ **Postal Code:** _____

Date of birth: _____/_____/_____ **Gender:** ☐ M ☐ F ☐ Other
YYYY / MM / DD

Fax Instructions

Fax the completed request form, along with the required supporting documentation to the PET Centre of choice for appointment. A complete list of PET Centers and their contact information is available at PET Centre Locations List | CCO Health

*PET Centre Use Only: Registry Indication – PET Centre must submit pre- & post-scan forms to OH to be eligible for funding

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca

Document disponible en français en contactant info@ontariohealth.ca

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Indications: *(choose only one)* **Patient Name:**_____

☐ **LOCALLY ADVANCED INVASIVE DUCTAL BREAST CANCER – PET for the staging of patients with histologically confirmed clinical stage IIb or stage III breast cancer being considered for curative intent combined modality treatment; and/or repeat PET on completion of neoadjuvant therapy, prior to surgery (when there is clinical suspicion of progression).**

Purpose of PET scan *(choose 1):*

- ☐ Baseline staging; **OR**
- ☐ Repeat PET scan on completion of neoadjuvant therapy, prior to surgery

Select clinical TNM stage *(choose 1)*:

☐ Stage IIB: T2N1* ☐ Stage IIB: T3N0 ☐ Stage III

Other information regarding eligibility: _____

Attach the relevant diagnostic imaging reports; and provide images to the PET Centre.

☐ **RE-STAGING FOR LOCOREGIONAL RECURRENCE OF INVASIVE DUCTAL BREAST CANCER – PET for the re-staging of patients with locoregional recurrence, after primary treatment, being considered for ablative/salvage therapy.**

Attach the relevant diagnostic imaging reports; and provide images to the PET Centre.

☐ ***OLIGOMETASTATIC (DISTANT METASTATIC) INVASIVE DUCTAL BREAST CANCER – PET for staging/re-staging of patients with distant oligometastatic disease (≤ 4 metastases) on conventional workup prior to radical intent/ablative therapy.**

Location & Number of Metastases:

☐ Appendicular Skeleton (specify number):	☐ 1	☐ 2	☐ 3	☐ 4
☐ Axial Skeleton (specify number):	☐ 1	☐ 2	☐ 3	☐ 4
☐ Non-Regional Lymph Nodes (specify number):	☐ 1	☐ 2	☐ 3	☐ 4
☐ Liver (specify number):	☐ 1	☐ 2	☐ 3	☐ 4
☐ Lung (specify number):	☐ 1	☐ 2	☐ 3	☐ 4
☐ Other (specify location and number):_____	☐ 1	☐ 2	☐ 3	☐ 4

Other information regarding eligibility: _____

Attach the relevant diagnostic imaging reports; and provide images to the PET Centre.

Physician Signature:_____ **Date:** _____

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